होती हैं। इसके अतिरिक्त, सात राज्यों नामतः आन्ध्र प्रदेश, बिहार, राजस्थान, मध्यप्रदेश, गुजरात, उड़ीसा और महाराष्ट्र के 100 जिलों को उन्नत मलेरिया नियंत्रण परियोजना के अंतर्गत शामिल किया गया है जिसे मलेरिया स्थानिकमारिता और आदिवासी जनसंख्या के आधार पर 30.09.97 के विश्व बैंक की सहायता से शुरू किया गया है। इस परियोजना में इन दुर्गम और समस्याग्रस्त क्षेत्रों में मलेरिया नियंत्रण संबंधी कार्यकलापों के सुदृढ़ीकरण पर ध्यान दिया गया है। इसके अतिरिक्त इस परियोजना में 19 कस्बों/शहरों को भी शहरी मलेरिया नियंत्रण संबंधी उपायों के लिए कवर लिए जाने का प्रस्ताव है। यह परियोजना 5 वर्षों की अवधि तक चलेगी जिसका कुल परिव्यय 891.04 करोड़ रु० है। इसके अतिरिक्त, मानव संसाधन विकास सूचना, शिक्षा व संचार और प्रबंध सूचना प्रणाली जैसे कतिपय कार्यकलापों को संपूर्ण देश में चलाने का प्रस्ताव है।

Associating Charitable/Religious Organisations with Blood Donation

1103. MISS SAROJ KHAPARDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government have any plans to associate charitable and religious organisations and other volutnary organsiations in blood donation in the country;

(b) if so, the details; and

(c) the incentives Government propose to give to such organisations or institutions?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) NACO have developed guidelines for NGOs, to draw support for intervention Projects in the Natioal AIDS Control Programme related activities, including generation of Volutnary Blood Donation. The gudielines have been sent to all the State Governments, who in turn have widely circulated it amongst the Non-governmental Organisations.

(c) As the Volutnary Blood Donation Programme is meant for total elimination of Professional and replacement blood donors, the organsiation associate with such programme do not get any financial incentives. However, due recognition is given to their services, during observance of Voluntary Blood Donation Day on 1st October every year.

Commercial Transaction in Human Organs

1104. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFAR be pleased to state:

(a) whether Government's attention has been drawn to an article published in the Hindustan Times dated 17th May, 1998 on the recent commercial transaction in human organs particularly KIDNEYS in certain medical centres in the country;

(b) if so, the details thereof indicating the number of cases so far booked and punishment given for violation of the provisions laid down in the Organs Transplantation Act, 1994;

(c) whether Government have taken any action, State-wise, so far for a Cadaver-based organ transplantation programme particularly in Rajastham, Orissa and Delhi; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) The information is being collected from the State Governments and will be laid on the Table of the House.

(c) and (d) The Government of India have passed a Transplanatation of Human Organs Act 1944, which came into force with effect from 4-2-1995. It provides for the regulation of removal, storage and transplantation of Human Organs for therapeutic purpose and for the prevention of commercial dealings in Human Organs and for matters connected

therewith or incidental thereto. It also provides for stringent punishment for removal of Human Organs without authority, which is punishable with imprisonment for a term which may exted up to 5 years, and with fine up to Rs. 10,000/-. If a Registered Medical Practioner is convicted, his name can be removed from the Register of the respective State Medical Council for a period of 2 years for the first offence and permanently for the subsequent offence. Some states including Orissa have not yet adopted the Transplantation of Humanorgans Act, inspite of repeated reminders at the highest level. If the Act is adopted by all the States, recurrence of such incidents could be avoided in future.

Letters of Intent for Dental Colleges in Maharashtra and Karnataka

1105. SHRI SHIV CHARAN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of dental colleges of Maharashtra and Karnataka in whose cases Letters of Intent/Letters of Permission have been pending; and

(b) the reasons for the delay in issuing the same in each case?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) A statement is annexed.

Statement

Name of State	Name of Dental College	Subject	Resons for delay
Maharashtra	(i) D.Y. Patil Dental College, Pimpri (Pune).	To start a new dental college.	Recommendation of Dental Council of India is awaited.
	(ii) M.G. Vidya Mandir's Dental College, Nasik.	To increase admission capacity in BDS from 40 to 100.	Documentary evidence regarding owning of 5 acres of Land on ownership basis and bed capacity of the Hospital were called from the applicant which have since been received and the case is under process.
Karnataka	(i) N.S.V.K. Dental College Bangalore.	To start a new dental college.	The recommendation of Dental Council of India received on 20.5.98 and the case is under examination.
	(ii) Babu Jagjivan Ram Dental College, Bangalore.	-do-	The compliance report on two points of Letters of Intent is awaited from the college.
	(iii) Maaruti College of Dental Sciences and Research Centres.	-do-	Documentary evidence regarding possession/ownership of 5 acres of Land was called from the applicant which is still awaited.
	(iv) KVG Dental College, Sullia.	To start MDS course.	(i) The case is under process for issue of Letter of permission in respect of prosthodontics.
			(ii) Recommendations of Dental Council of India in respect of 2 specialities namely Conservative Dentistry and Oral Surgery have since been received on 2.6.98 which are under examination.